



THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 8828**  
Kazuhiko IKEUCHI : Attorney Docket No. 2005\_0128A  
Serial No. 10/524,593 : Group Art Unit 2631  
Filed February 15, 2005 : Examiner Lloyd Weekes  
SPEAKER GRILLE : **Mail Stop AMENDMENT**

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**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action of September 14, 2006, please amend the above-identified application as follows.



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IFW  
\$  
IAP13 Rec'd PCT/PTO 14 DEC 2006

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**PATENT OFFICE FEE TRANSMITTAL FORM**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$200.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty ..... \$  
Independent ..... \$200.00  
Multiple Dependent Fee ..... \$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Kazuhiko IKEUCHI

12/19/2006 GFREY1 00000018 10524593

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200.00 DP

By

Charles R. Watts  
Registration No. 33,142  
Attorney for Applicant

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December 14, 2006

[Check No. 77805]

2005\_0128A



THE OFFICE IS AUTHORIZED  
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In re application of : **Confirmation No. 8828**  
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SPEAKER GRILLE : **Mail Stop AMENDMENT**

**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): x	(\$ 25 = \$)	or	(\$50 = \$)
Indep. Claims exceeding 3 (not already paid for): 1 x	(\$100 = \$)	or	(\$200 = \$200)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$)
Total Additional Fee =	\$	or	<u>\$200.00</u>

☐ Small entity status of this application has been previously asserted.


☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which  
☐ is enclosed or  
☐ has been previously submitted.

☒ A check in the amount of \$200.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$\_\_\_\_\_ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Kazuhiko IKEUCHI

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December 14, 2006